

The ExtraCare Charitable Trust

ExtraCare Charitable Trust School Court

Inspection report

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Date of inspection visit:
18 March 2016

Date of publication:
11 April 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected this service on 18 March 2016. This was an announced inspection and we telephoned the provider one day prior to our inspection, in order to arrange home visits with people. At our last inspection in September 2013, the provider met all the regulations we looked at.

The service provides care and domiciliary support for older people and people with a learning disability who live in their own apartment within the Extracare complex. There are 41 apartments and the provider carried out personal care support visits to 24 people. Some people who live in the service did not receive any service and were independent.

There was a registered manager in the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe with staff members who understood how to recognise and protect people from abuse. Where staff suspected any abuse, they knew how to act to ensure people were protected from further harm. Checks were carried out prior to staff starting work, to ensure their suitability to work with people who used the service.

Positive and caring relationships had been developed between staff and people who used the service. People were treated with care and kindness and staff were friendly and respectful. People benefitted from having support from staff who had a good understanding of their individual needs. People were supported to keep healthy and well and were able to promptly access healthcare services when this was needed. People were supported to take their prescribed medicines at the right time.

People had capacity to make decisions about their own care and their consent was sought before staff provided any care and support. Staff provided personalised care that people had requested and knew people well. Their support plans reflected their specific needs and preferences for how they wished to be cared for and supported them to retain as much control and independence over their lives as they wanted. These were reviewed regularly with them by staff who checked for any changes to people's needs. People knew how to make a complaint if they needed to. People and staff were confident they could raise any concerns or issues and they would be listened to.

People were looked after in a way which was kind, caring and respectful and staff knew people well. Their priorities were clearly focussed on ensuring that people's care and support needs were met and they had a good understanding and awareness of how to do this. Staff respected people's right to privacy and dignity. They knew how to provide care and support in a dignified way and which maintained people's privacy at all times. There were sufficient numbers of staff to ensure visits were made when they should be and to meet people's care needs.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. People who used the service and staff felt involved and able to make suggestions to support the development of on-going improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from avoidable harm and abuse. Staff understood how to recognise abuse and what actions to take. Risks were managed and staff knew how to keep people safe. There were sufficient staff to support people and the provider had safe recruitment processes in place. Medicines were managed safely by staff who were trained to do this.

Is the service effective?

Good ●

The service was effective.

Staff sought people's consent when providing support and people were able to make decisions about their care. Staff knew people well and had completed training so they could provide the support people wanted. Where the agreed support included help at meal times, this was provided and food was prepared for people.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness by staff who were caring. People were encouraged to make decisions about their care and support and enabled to be independent. People's privacy was respected and the staff ensured that their dignity was promoted.

Is the service responsive?

Good ●

The service was responsive.

People felt able to raise any concerns and complaints were investigated and responded to. People were involved in the review of their care and decided how they wanted to be supported.

Is the service well-led?

Good ●

The service was well-led.

Systems were in place to assess and monitor the quality of care to bring about improvements. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns. The quality of service people received was regularly monitored through feedback from people and a series of audits and checks.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 18 March 2016 and was announced. Two inspectors carried out this inspection. The provider was given one days' notice because the location provides a domiciliary care service and we wanted to make sure people and staff were available to speak with us.

We used a range of different methods to help us understand people's experience. The service provides care and domiciliary support to 24 people. We visited six people with their relative or friends in their apartment and spoke with five staff and the registered manager. We sent out questionnaires to people to ask them about the quality of the service they received. We used this information to make a judgement about the service.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR and information we held about the service. This included statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

We looked at six people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

Support was planned and delivered in a way that promoted people's safety and welfare. People were confident that the staff supported them in a way which helped to keep them safe. One person told us, "I have everything I need here so I can be independent and get around. The staff always leave my stick near me so I can get about." Another person told us, "I am safe here and so well looked after. I don't have any worries. What's also nice is my family don't have to worry about me now. They can go on holiday and know that I am here and safe." Staff knew about the risks associated with people's care and how these were to be managed. For example, where people needed to use moving and handling equipment, the risks had been identified and staff received specific training for the equipment. One member of staff told us, "The occupational therapist writes mobility plans and will show staff how to use the equipment. We never use anything unless we know it's safe and we've had the training." Another member of staff told us, "We're very good at noticing if anything is wrong. We managed to get new equipment to help people to move safely because we knew things weren't right. We won't let things go unnoticed. People need to be safe." The care records included risk assessments and we saw these were updated and reviewed where people's support changed.

People's homes were assessed to ensure staff had guidance to follow to protect people from identified risks. People who used the service rented an apartment within the complex. The provider ensured checks were made within the environment and communal areas to ensure the building was suitably maintained. One person told us, "This place is wonderful and you can't fault them with how they keep everything clean and maintained. It's lovely not to worry." The on-going maintenance meant the environment was a safe to work in and staff confirmed that where concerns were identified, maintenance work was carried out.

Staff had a good understanding and knowledge of safeguarding people and described how they may recognise possible abuse or neglect. One member of staff told us, "We have the advantage here that as we have worked here together for a long time, we know people really well. This means we see things others may not and don't hesitate in reporting anything. It's everybody's responsibility to report a concern. We can go to the manager but if the concern is with the manager we can report this directly." Another member of staff told us, "The manager is always reminding us about what to do if we see something and about whistleblowing. We all know about the whistleblowing policy and wouldn't hesitate to report something we saw or heard." This is a policy that the provider has in place to enable staff to raise any issues of concern about the service anonymously if they preferred.

People were supported or prompted to take their medicines. One person told us, "I have all my medicines delivered and I do them all myself. The staff help me with my creams and sign the sheet when they do this." Another person told us, "If I need help, the staff put the medicines in a pot so I can take them myself. They never forget to remind me." We saw medicines were recorded and signed for and where creams needed to be applied there was a body map image which highlighted where the creams were needed. Staff had received training to safely administer medicines and competency checks were carried out to staff had the necessary skills. One member of staff told us, "We have checks each year to make sure we are still doing the medicines right."

People felt there were enough staff working in the service to meet their needs. Staff worked flexibly to enable people to receive the support they wanted. All the support visits were within the one location which meant staff were available when people wanted support. People received a rota of when the staff would visit them and they told us that they generally received their care on time. One person told us, "They staff are only ever a few minutes early and late and we know this maybe because they are helping someone else. If they were going to be really late they would call us and let us know." The staff explained that where people were involved with social activities within the service, their support visit would be provided later than planned. One member of staff told us, "We are not going to tell someone that they have to leave what they are doing and enjoying so they can have their support. We do it later but we explain that we will go as soon as we can, but can't give an exact time. People understand this." Agency staff were used where essential although one member of staff told us, "We try and avoid using agency staff because they don't know people as well as we do. We pride ourselves on providing good care and that we are consistent. We will use agency to ensure people get the care they want but only when absolutely necessary."

When new staff started working in the service, recruitment checks were in place to ensure they were suitable to work with people. We saw the staff's suitability for the role was checked by obtaining references, having a police check and confirming the validity of their qualifications, previous experience and training. There had been no new staff start working in the service for two years.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA. The registered manager and staff stated people who used the service had capacity to make everyday decisions. People told us the staff asked for their consent before providing any care and one person told us, "The staff wouldn't dream of doing anything before asking. They are very respectful and always check first." The staff understood that where there were concerns about people's capacity; assessments would be carried out to ensure that decisions were made in people's best interests. The staff had received training in relation to MCA and one member of staff told us, "If we have any concerns about people's capacity then we would do an assessment and look at making a best interest decision. We always assume people have capacity and we always make sure people are asked and can make everyday decisions for themselves."

New staff completed an induction into the service and worked alongside experienced members of staff. We spoke with one member of staff who told us, "We are lucky here as there is always staff around and we can work together and get support from each other." There had been no new staff start working within the service for over two years; the registered manager explained that the induction process had been reviewed and all new staff would now complete the care certificate which sets out common induction standards for social care staff. This had been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

People received effective care and support from staff who were well trained. The staff told us they were confident they had the skills they needed to support people and enjoyed working in the service. Staff said they had regular support and supervision with the registered manager where they were able to discuss the need for any extra training and their personal development. They told us they were given the training they needed to do their job and the trainers were employed by the provider so they could deliver personalised training. One member of staff told us, "Whenever we have training they come here and it's designed around what we actually need to know. For example, where people have any new equipment, they can show us what to do and can see if we really know how to work this equipment and look after people properly." Where staff received new training their knowledge was checked to ensure they were competent and spot checks were carried out as part of the supervision and appraisal system. One member of staff told us, "The senior staff work alongside us and watch what we are doing. We get feedback afterwards so we can put anything right and they tell us what we are doing well."

Some people using the service may be living with dementia and one member of staff had received specialist

training and worked as a 'locksmith'. They told us, "A locksmith unlocks people's potential and unpicks issues in their life. As a locksmith I work with people and their family to help build opportunities into their care plan. I talk about dementia issues in team meetings and individually with people so I can help people." One person told us, "We have a locksmith here who can help us if we need them. We are all getting older here and if we have any problems with our memory, they come and talk with us. They are lovely." A member of staff told us, "It's really useful having a locksmith; if someone has dementia they can support them and help us to understand their individual needs."

People retained responsibility for managing their own health care and where people needed support this was provided. One person told us, "If I want the doctor, I can just call them. I let the staff know out of courtesy but that's up to me. I'm still independent here and as such, can sort myself out." Other people told us they liked having the support from staff and there was a well-being nurse who worked in the service one day a week if people wanted advice or tests completed. One member of staff told us, "They work really closely with the doctors so if anybody is diabetic they can take their blood sugars. People like this as they don't have to wait and they know the nurse which often puts them at ease." Where people's health changed, the support people received was reviewed to ensure it continued to meet their needs.

Some people needed support to prepare and eat their meals. There was a restaurant on site and people told us they liked to use this service and meet with friends and share a meal. One person told us, "I tend to go and use the restaurant about four times a week. I always have food here too and do my own shopping. If I want anything cooked or heated up, I only have to ask the staff and they will do that or me." Where concerns were identified with people's diet the staff told us that they spoke with the person and liaised with other health care professionals. We saw where concerns had been identified for one person, health care intervention had been obtained to promote their health and wellbeing.

Is the service caring?

Our findings

People were happy and enjoyed living in their apartment within the service. People were recognised and valued as adults and staff showed a passionate commitment to enabling people. We heard staff use adult language when speaking with people and they were supported to be as independent as possible. Staff were aware of people's abilities and care records highlighted what people were able to do for themselves and where they needed help. One person told us, "The staff know it's important for me to be independent and do things for myself." Another person told us, "I can keep my independence here and the staff don't do more than they should. I am safe and don't have any worries and if the staff can help you they will."

The staff were motivated and were kind and compassionate in their approach to care. People had a keyworker who was responsible for overseeing the care they received and liaising with other professionals involved in their life. One person told us, "I absolutely love my key worker. They've been my key worker for a long time and know me so well. I can trust them and I know they help me. I'd be lost without them." Another person told us, "I'm so very lucky to be able to live here and get the support I do. This is the best place I've ever lived and the staff are so wonderful." Another person told us, "The staff are charming. They help me to live my new life and are very respectful. I tell everyone I'm having the time of my life and it wouldn't be possible if they weren't here and they care so much."

People commented that staff were respectful and polite and we saw when staff visited people they knocked on the door and greeted people on entering their home. People confirmed they were happy with how they were supported and staff respected their privacy and dignity. One member of staff told us, "I always make sure the front door is closed and when offering personal care and I make sure the bathroom is shut and towels are around people."

The provider ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely so that personal information about people was protected. People had a copy of their care records in their home and could choose who to share these with. One person told us, "I sometimes look at the records and know they are mine. Before the staff write in it they always ask first."

Families were encouraged and enabled to continue to be a part of people's lives. One person told us, "Family just come and go as they please. I can see that a weight has been lifted of them. They used to worry about me all the time and now they can see how happy I am." Another person told us, "The staff always ask me about my family and whenever they see them they always chat and make them feel welcome."

Is the service responsive?

Our findings

People were actively involved in the planning and delivery of their care and support and their views were listened to and acted on by staff. People said the staff asked them how they wanted to be supported when they started using the service and they were pleased with the care they received. One person told us, "I came to look around here before I moved in and I was so impressed. I really loved the cleanliness of the place and there was no bad smells." Another person told us, "I looked around and they told me about what they could offer me. I told them what I needed and couldn't wait to move in. I was so impressed and they haven't let me down." Information from these discussions was used to develop a detailed support plan which set out how their specific care and support needs should be met by staff. People consented to us looking at their records with them and we saw they focussed on what was important to people. They included information about their care and welfare and reflected their specific likes, dislikes and preferences for how support should be provided.

People benefited from receiving care from staff who had a good knowledge of the people's needs and preferences. This enabled staff to provide care that was responsive to people's needs and personalised to their wishes and preferences and reviewed to ensure it continued to meet their needs and expectations. One person told us that they had received additional support because they had been unwell. The staff understood that the person may need additional support at different times and a temporary change was made to their support. One member of staff told us, "We can do a temporary change if people's needs change but if this carried on then we would do a full review, but this is normal for them. Every time we offer support we ask them how they are and if they need anything more so we can change the support accordingly." People told us that the length of their visit was reviewed with them and one person told us, "I had my support changed as I started to wake up at a different time. They were very good and sorted this out for me."

People were able to raise concerns or make a complaint if something was not right. People told us that they would be confident in speaking with the registered manager or a member of staff if they had any complaints or concerns about the support provided. One person told us, "If you are in any trouble or need help, advice or anything is wrong, you can just speak to the manager. The manager is first class and sorts it all out." Another person told us, "The manager is wonderful and one of the reasons it's so good here. She is always around and always has time to listen to us." We saw any complaint received was investigated and the registered manager responded to all concerns. People received information about the outcome and we saw for one complaint there was a letter of apology. One member of staff told us, "We are passionate about getting it right and we want to know if we could have done something better. We are not perfect and if we get something wrong then people deserve an apology and we will improve on what we do."

People were supported to pursue activities and interests that were important to them. The extracare facility also provided activities for people to be involved with. People showed us the ceramics and arts they had produced and spoke highly of the activities provided. One person told us, "Moving here was the best decision I made. I've done so many new things since I've been here from being on a hot air balloon to learning how to paint." Another person told us, "They have a church service here every week and that is

important to me. The services are lovely." Personal care was not provided during these activities and therefore this support is not regulated by us.

Is the service well-led?

Our findings

People were consulted about the quality of the service through an annual quality assurance questionnaire. We saw the last review showed that people were satisfied with the care they received and that people generally received a call when they expected. People told us in our questionnaires that they had been consulted about the service and were asked about how the service was managed. One person told us, "We are asked about how we feel they are doing and if they are doing things properly. I tell them straight that I have no concerns and I am really happy here." The provider also considered how well the service performed against all other services managed by them. We saw the service had achieved a high score and the staff and registered manager were proud of their achievements.

People were supported to be involved with the development of the service as they attended a national forum and commented on the quality of the service. There were two representatives who had been voted for by residents of School Court. One person told us, "It is our opportunity to express how the service could be improved. We are asked about our opinion and what we want to say at 'Street meetings'. Street meetings are organised for the residents so we can talk about what happens here." Another person told us, "We are always asked if there are any issues we want to discuss." People told us they felt able to raise any concerns or comment on quality and where they wanted feedback this was given promptly.

The provider carried out quality checks on how the service was managed. The checks included ensuring that people received their support on time and ensuring where incidents occurred they had been accurately recorded. Where safeguarding concerns were raised that these were reviewed to ensure they had been reported appropriately, and medication audits identified whether people had received their medicines on time. Where concerns were identified we saw that improvements had been made.

The staff told us they felt part of a supportive team and felt the registered manager was approachable and listened to them. The staff told us that the registered manager provided leadership, guidance and the support they needed to provide good care to people who used the service. Team meetings were arranged and staff had an opportunity to discuss service developments and concerns. One member of staff told us, "It's good for us all to get together and belong to a team. We see each other most days but this is a good opportunity for us to be together." The staff meetings were also used as an opportunity for staff to recognise how we inspected services and they were asked to consider how they could demonstrate they were meeting our regulations. The staff were knowledgeable about our inspection process and demonstrated a commitment to providing a quality service. One member of staff wrote and told us, 'The service people receive is of an excellent quality and the care staff truly care. There is a transparency and openness to people and family so we can discuss any issues that arise. It is a pleasure to be a part of the School Court team of care staff.'

The service had a registered manager in post. The registered manager understood their responsibilities and the requirements of their registration. They ensured that the local authority's safeguarding team were notified of incidents that had to be reported and maintained records of these for monitoring purposes.